PATENT APPLICATION FEE DETERMINATION RECORD Fife P October 1, 2001 Application or Docket Number 10/018686													
2.10.70 00.0001 1, 2001													
		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS \sim							•	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	890	
TOTAL CHARGEABLE CLAIMS			// minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 = *		*	*		X42=		OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=			+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR OR	TOTAL	8GN	
CLAIMS AS AMENDED - PART II								TOTAL		I On	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND M	Total	* //	Minus	**	20	=		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***	<u> </u>	=		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		J	+140=	1	OB	+280=		
							L	TOTAL	•	OB	TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE (10	ADDIT. FEE!		
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FFF	
DMEN	Total	*	Minus	**		= .	11	X\$ 9=		OR	X\$18=		
AMEND	Independent	*	Minus	***		=]	X42=			X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		J ∤	.110			.000		
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ADDIT. FEE ADDIT. FEE													
	ē :	(Column 1) CLAIMS		HIGH	HEST		, T		ADDL	i i		ADDI	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
Ş Q	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	T CL AIL	=	\prod	X42=		OR	X84=		
┞	FIRST PRESE	INTATION OF M	OLI IPLE DE	PENDEN	I CLAIM	<u> </u>	╛┞	+140=		ΩR	+280=		
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TOTAL		OB	TOTAL		
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												
FORM	The "Hignest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
**	If the "Highest Nu If the "Highest Nu The "Highest Nun	mber Previously P Imber Previously F nber Previously Pa	aid For" IN TH Paid For" IN TH	IS SPACE	DENT CLAIM 140=								